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## TRANSMITTAL FORM

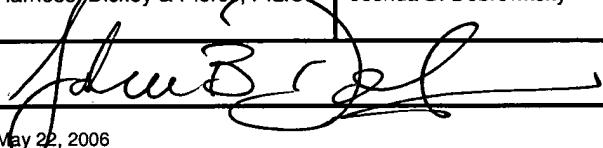
(to be used for all correspondence after initial filing)

		Application Number	10/616,167
		Filing Date	July 9, 2003
		First Named Inventor	Muramatsu et al.
		Art Unit	2837
		Examiner Name	David S. Warren
Total Number of Pages in This Submission		Attorney Docket Number	2552-0000050

### ENCLOSURES (check all that apply)

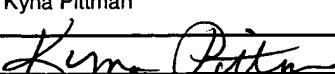
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>postcard</b>
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Joshua B. Dobrowitsky	Reg. No. 51,288
Signature			
Date	May 22, 2006		

### CERTIFICATE OF TRANSMISSION/MAILING

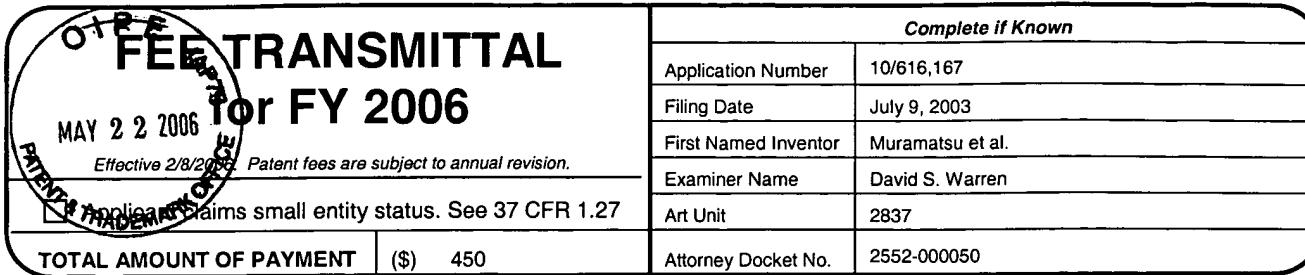
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kyna Pittman	Express Mail Label No.	EV 853 856 366 US (5/22/2006)
Signature		Date	May 22, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

EV 853 856 366 US

 <b>FEE TRANSMITTAL</b> <b>for FY 2006</b>																	
MAY 22 2006																	
Effective 2/8/2006. Patent fees are subject to annual revision.																	
Applicant claims small entity status. See 37 CFR 1.27																	
<b>TOTAL AMOUNT OF PAYMENT</b>	(\$)	450															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;"><b>METHOD OF PAYMENT (check all that apply)</b></th> </tr> </thead> <tbody> <tr> <td colspan="3"> <input checked="" type="checkbox"/> Check   <input type="checkbox"/> Credit card   <input type="checkbox"/> Money   <input type="checkbox"/> Other   <input type="checkbox"/> None  Order </td> </tr> <tr> <td colspan="3"> <input checked="" type="checkbox"/> Deposit Account:    Deposit Account Number   <input type="text" value="08-0750"/> </td> </tr> <tr> <td colspan="3"> Deposit Account Name   <input type="text" value="Harness, Dickey &amp; Pierce, PLC"/> </td> </tr> <tr> <td colspan="3"> The Director is authorized to: (check all that apply)  <input type="checkbox"/> Charge fee(s) indicated below   <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </td> </tr> </tbody> </table>			<b>METHOD OF PAYMENT (check all that apply)</b>			<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order			<input checked="" type="checkbox"/> Deposit Account:  Deposit Account Number <input type="text" value="08-0750"/>			Deposit Account Name <input type="text" value="Harness, Dickey &amp; Pierce, PLC"/>			The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		
<b>METHOD OF PAYMENT (check all that apply)</b>																	
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<b>FEE CALCULATION (continued)</b>									
<b>3. ADDITIONAL FEES</b>									
<u>Large Entity</u>	<u>Small Entity</u>								
Fee Code	Fee (\$)	Fee Code (\$)	Fee Description	Fee Paid					
1051	130	2051	65	Surcharge - late filing fee or oath					
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.					
1053	130	1053	130	Non-English specification					
1812	2,520	1812	2,520	For filing a request for reexamination					
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action					
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action					
1251	120	2251	60	Extension for reply within first month					
1252	450	2252	225	Extension for reply within second month					
1253	1020	2253	510	Extension for reply within third month					
1254	1,590	2254	795	Extension for reply within fourth month					
1255	2,160	2255	1080	Extension for reply within fifth month					
1401	500	2401	250	Notice of Appeal					
1402	500	2402	250	Filing a brief in support of an appeal					
1403	1000	2403	500	Request for oral hearing					
1452	500	2452	250	Petition to revive - unavoidable					
1453	1500	2453	750	Petition to revive - unintentional					
1462	400	1462	400	Petition fee under 37 CFR 1.17(f)					
1463	200	1463	200	Petition fee under 37 CFR 1.17(g)					
1464	130	1464	130	Petition fee under 37 CFR 1.17(h)					
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)					
1806	180	1806	180	Submission of Information Disclosure Stmt					
Total Claims	-20 **	= 0	X 0 = 0	Recording each patent assignment per property (times number of properties)					
Independent Claims	-3 **	= 0	X 0 = 0	1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
Multiple Dependent				1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
				1801	790	2801	395	Request for Continued Examination (RCE)	
<b>1. BASIC FILING FEE</b>			<b>Fee Description</b>						
<u>Large Entity</u>	<u>Small Entity</u>		<u>Fee Paid</u>						
Fee Code	Fee (\$)	Fee Code	Fee (\$)						
1011	300	2011	150	Utility filing fee					
1012	200	2012	100	Design filing fee					
1013	200	2013	100	Plant filing fee					
1014	300	2014	150	Reissue filing fee					
1005	200	2005	100	Provisional filing fee					
<b>SUBTOTAL (1)</b>			(\$)						
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>									
Extra Claims			Fee from below						
Total Claims	-20 **	= 0	X 0 = 0						
Independent Claims	-3 **	= 0	X 0 = 0						
Multiple Dependent									
<b>Large Entity</b>			<b>Small Entity</b>						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<b>Fee Description</b>					
1202	50	2202	25	Claims in excess of 20					
1201	200	2201	100	Independent claims in excess of 3					
1203	360	2203	180	Multiple dependent claim, if not paid					
1204	200	2204	100	** Reissue independent claims over original patent					
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent					
<b>SUBTOTAL (2)</b>			(\$)						
*Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3)</b> (\$)									
<b>4. SEARCH/EXAMINATION FEES</b>									
1111	500	2111	250	Utility Search Fee					
1112	100	2112	50	Design Search Fee					
1113	300	2113	150	Plant Search Fee					
1114	500	2114	250	Reissue Search Fee					
1311	200	2311	100	Utility Examination Fee					
1312	130	2312	65	Design Examination Fee					
1313	160	2313	80	Plant Examination Fee					
1314	600	2314	300	Reissue Examination Fee					
<b>SUBTOTAL (4)</b> (\$)									

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Joshua B. Dobrovitsky	Registration No. (Attorney/Agent)	51,288	Telephone	(248) 641-1600
Signature			Date	May 22, 2006	

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